

		Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas		Certificate of Compensation Payment/Tax Withheld		BIR Form No. 2316 July 2008 (ENCS)	
For Compensation Payment With or Without Tax Withheld							
1 For the year (YYYY) 1 2018				2 For the period From (MM/DD) 04 09 To (MM/DD) 12 31			
Part I Employee Information				Part IV Details of Compensation Income and Tax Withheld from Present Employer			
3 Tax Payer Identification No. 3 336 539 358 000				A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) DE GUZMAN, ALYZA GUILLERMO 5 RDO Code 000				Amount			
6 Registered Address 6A Zip Code				32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE) 32			
6B Local Home Address 6C Zip Code				33 Holiday Pay (MWE) 33			
6D Foreign Address 6E Zip Code				34 Overtime Pay (MWE) 34			
7 Date of Birth (MM/DD/YYYY) 01 21 1996 8 Telephone number				35 Night Shift Differential (MWE) 35			
9 Exemption Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married				36 Hazard Pay (MWE) 36			
9A Is the wife claiming the additional exemption for qualified dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No				37 13th Month Pay and Other Benefits 37 17,755.53			
10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)				38 De Minimis Benefits Other Benefits 38 16,500.00			
				39 SSS, GSIS, PHIC & Pag-ibig Contributions & Union dues (Employee share only) 39 8,797.05			
				40 Salaries & Other forms of Compensation 40 2,513.75			
12 Statutory Minimum Wage rate per day 12				41 Total Non-Taxable/Exempt Compensation Income 41 45,566.33			
13 Statutory Minimum Wage rate per month 13				B. TAXABLE COMPENSATION INCOME			
14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax				REGULAR			
Part II Employer Information (Present)				42 Basic Salary 42 163,941.45			
15 Taxpayer Identification No. 15 223 148 033 000				43 Representation 43			
16 Employer's Name CITIBANK N.A. ROHQ				44 Transportation 44			
17 Registered Address 17A Zip Code CitiPlaza 34th St., BGC Taguig City 1630				45 Cost of Living Allowance 45			
<input checked="" type="checkbox"/> main employer <input type="checkbox"/> secondary employer				46 Fixed Housing Allowance 46			
Part III Employer Information (Previous)-1				47 Others (Specify)			
18 Taxpayer Identification No. 18				47A Sal&OtherComp 47A 10,136.25			
19 Employer's Name				47B			
20 Registered Address 20A Zip Code				SUPPLEMENTARY			
				48 Commission 48			
Summary				49 Profit Sharing 49			
21 Gross Compensation Income from Present Employer (Item 41 plus Item 55) 21 219,644.03				50 Fees including Director's Fees 50			
22 Less: Total Non-Taxable/ Exempt (Item 41) 22 45,566.33				51 Taxable 13th Month Pay and Other Benefits 51			
23 Taxable Compensation Income from Present Employer (Item 55) 23 174,077.70				52 Hazard Pay 52			
24 Add: Taxable Compensation Income from Previous Employer 24				53 Overtime Pay 53			
25 Gross Taxable Compensation Income 25 174,077.70				54 Others (Specify)			
26 Less: Total Exemptions 26				54A			
27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable) 27				54B			
28 Net Taxable Compensation Income 28 174,077.70				55 Total Taxable Compensation Income 55 174,077.70			
29 Tax Due 29 0.00							
30 Amount of Taxes Withheld 30A Present Employer 30A 0.00							
30B Previous Employer 30B							
31 Total Amount of Taxes Withheld As adjusted 31 0.00							
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.							
56 SIGNED ON BEHALF OF CITIBANK, N.A. ROHQ				Date Signed			
Present Employer/Authorized Agent Signature Over Printed Name							
CONFORME: 57 DE GUZMAN, ALYZA GUILLERMO				Date Signed			
CTC No. Employee Signature Over Printed Name				Date of Issue			
of Employee Place of Issue				Amount Paid			
To be accomplished under substituted filing							
I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which have been filed with the Bureau of Internal Revenue				I declare, under the penalties of perjury, that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of RR 3-2002, as amended.			
58 Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/Human Resource or Authorized Representative)				59 Employee Signature Over Printed Name			